

REQUEST TO HIRE VOLUNTEER(S)

Assignment and Responsibilities

Requested by: _____ ☐ Volunteer ☐ Intern

Assigning Department: _____

Number of Positions: _____

Supervisor: _____

Position Description: _____

Specific Work to be Performed: _____

Start Date: _____ **End Date:** _____

Department Authorization

Please identify College services required for this voluntary appointment:

- ☐ Campus ID
☐ E-mail
☐ Other: _____

Requestor's Signature **Date**

Department Director's Signature **Date**

Vice President's Signature **Date**

HR Director or Associate Director **Date**